

*(continued)*

(Assistant Examiner) (Date)

**Total Claims Allowed: 30**

O.G. Print Claim(s)	O.G. Print Fig
1	1

☐ **Claims renumbered in the same order as presented by applicant**☐ CPA☐ T.D.

□ R.1.4

Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original
1	1		24	31			61			91			121			181
2	2		25	32			62			92			122			182
	3		26	33			63			93			123			183
3	4		27	34			64			94			124			184
4	5		28	35			65			95			125			185
5	6		29	36			66			96			126			186
6	7		30	37			67			97			127			187
7	8			38			68			98			128			188
8	9			39			69			99			129			189
	10			40			70			100			130			190
	11			41			71			101			131			191
	12			42			72			102			132			192
	13			43			73			103			133			193
	14			44			74			104			134			194
	15			45			75			105			135			195
9	16			46			76			106			136			196
10	17			47			77			107			137			197
11	18			48			78			108			138			198
12	19			49			79			109			139			199
13	20			50			80			110			140			200
14	21			51			81			111			141			201
15	22			52			82			112			142			202
16	23			53			83			113			143			203
17	24			54			84			114			144			204
18	25			55			85			115			145			205
19	26			56			86			116			146			206
20	27			57			87			117			147			207
21	28			58			88			118			148			208
22	29			59			89			119			149			209
23	30			60			90			120			150			210